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### DECLARATION AND AUTHORIZATION OF AGENT

This declaration is of the following type:

- ☒ original  
☐ supplemental  
☐ divisional  
☐ continuation-in-part  
☐ design  
☐ national stage of PCT  
☐ continuation

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CONVERTIBLE WHEELCHAIR AND METHODS FOR MAKING THE SAME, the specification of which:

- ☒ is attached hereto; or  
☐ was filed on \_\_\_\_\_ as United States Application Serial Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Parent Foreign Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Yes	Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of United States provisional application(s) listed below.

Application Serial Number	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. or PCT Patent Application Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor I hereby appoint the following registered practitioner to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith: Eric K. Saterme, Registration No. 40,159, whose address is 17744 Skypark Circle, Suite 295, Irvine, California 92614

From: Eric K. Satermo To: Axel

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PATENT

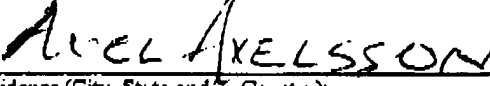
Agent's File Reference: 0027-02

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

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Inventor's Signature:	Date Signed:
Residence (City, State and/or Country):	Citizenship:
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